



CLARK COUNTY QUILTERS MEMBERSHIP APPLICATION

We recommend using Adobe Acrobat Reader to complete this form. When finished use the "Submit" button in the purple bar. If not using Adobe, attach the completed form to an email addressed to Info@clarkcountyquilters.com.

Your new/renewed membership will be active once your annual dues (\$40) are received. Mail checks to P.O Box 5857, Vancouver, WA 98668-5857.

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Membership: New Renewing
 Texting OK?

Email Address: _____ Primary Phone: _____

Street Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip: _____ +4

Optional – Birthday (no year!) Month: _____ Day: _____

Optional – If you DO NOT want your address in the membership list, check here

Optional - If you DO NOT want any contact information in the membership list, check here

Optional - I would like to make an additional donation to the guild \$ _____

QUILTING INTERESTS

If you belong to any small local quilt groups (not guilds) please complete the following:

<u>Group Name</u>	<u>Leader/Coordinator Name</u>	<u>Is the group accepting new members?</u>
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If you would like to join a small group, what is your time preference? Day Evening Weekend

You would like to attend a class about:

You would like to teach a class about:

QUILT RELATED BUSINESS INFORMATION

Check boxes if you do any of the following for PAY: Machine Quilt Complete Unfinished Projects
 Binding Hand Quilt Other:

If you own a quilt related business, please provide the following information for our membership page.

Business Name: _____ Website Address: _____

Business Address: _____

Business Phone: _____ Business Email: _____

FOR OFFICIAL USE ONLY

Date:	Check #:	Data Entry by:
Received by:	Cash:	Data Entry Date:
Amount Paid:	Other:	Member ID:
Lifetime Member?	Receipt #:	